

Healthy Indiana Plan

Frequently Asked Questions 2013/2014

Q: What is happening with the Healthy Indiana Plan (HIP) for 2014?

A: The Healthy Indiana Plan (HIP) is being extended for another year through December 31, 2014.

Q: Who is eligible for The Healthy Indiana Plan?

A: The Healthy Indiana Plan provides health insurance for uninsured adult Hoosiers ages 19-64 whose household income is at or less than the federal poverty level and are who not otherwise eligible for Medicaid.

Note: Information regarding the federal poverty level when applying for public assistance programs can be found @ <http://aspe.hhs.gov/poverty/13poverty.cfm#guidelines>

Q: I received a phone call and a letter from FSSA stating that my income is at or below 100 percent of the federal poverty level. What do I do?

A: You will remain a HIP member into 2014 according to the benefit period that has been established for you. Please continue to pay your monthly HIP POWER Account contribution.

Q: What are the HIP health plans?

A: The HIP health plans are not changing for 2014. They will continue to be [Anthem Blue Cross and Blue Shield](#), [Managed Health Services](#) and [MDwise](#).

Q: How much will participants contribute financially to the Healthy Indiana Plan?

A: Participants will contribute 2 percent of their gross family income to have the security of health insurance.

Q: Will some people no longer be eligible for HIP because of their income?

A: Yes, eligibility levels for the Healthy Indiana Plan are changing for 2014, so some Hoosiers, depending on income, will be eligible for federal government programs that can be accessed through www.healthcare.gov. Individuals who will be transitioned off of the Healthy Indiana Plan will be contacted with instructions on how to seek coverage through the federal marketplace.

FSSA has a [screening tool](#) that you can use to see if you might be eligible for the Healthy Indiana Plan.

Q: I received a phone call and a letter from FSSA stating that my income was above 100 percent of the federal poverty level and that I would not be on the Healthy Indiana Plan in 2014. What do I do?

A: As a result of new federal health programs under the Affordable Care Act (ACA), the income limits for some FSSA healthcare programs have changed. You will be able to complete a new HIP application. If you are discontinued or denied for HIP because you make too much money for the program, your application will be transmitted to the new federal health insurance marketplace. You may be eligible for other health insurance programs offered by the federal government, including Advance Premium Tax Credits (APTC) and Cost-Sharing Reduction (CSR). For more information, you can refer to www.healthcare.gov.

HIP ESP

Q: Are there any changes for the HIP Enhanced Services Plan (ESP) program?

A: Yes. HIP ESP members with household incomes at or below the federal poverty level will have to choose a new health plan for 2014. The Indiana Comprehensive Health Insurance Association (ICHIA), which currently operates the HIP ESP program, will be discontinued at the end of 2013. You must select one of the other HIP health plans.

Q: Since ICHIA is going to no longer be a HIP health plan, which health plan do I choose?

A: The HIP health plans are Anthem Blue Cross and Blue Shield, MDwise and Managed Health Services. You can choose your new health plan by calling the FSSA enrollment broker at 1-877-438-4479. They can explain the differences with the plans and help you select a new one.

HIP Waiting List

Q: If I have been on the HIP wait list, do I need to do anything to be covered in 2014?

A: Yes, while Hoosiers on the waitlist will maintain their spot on the list, they will need to reestablish themselves on the waitlist. Individuals will be contacted with instructions on how to reapply and will need to do so by November 30, 2013.